

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/555137	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
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46		/					96	/					
47		/					97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.							TOTAL IND.	10					
TOTAL DEP.							TOTAL DEP.	86					
TOTAL CLAIMS							TOTAL CLAIMS	96					

Best Available Copy